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Attorney Docket Number 24372.10 **DECLARATION FOR UTILITY OR** Eilaz Babaev First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) Application Number ✓ to be assigned Filing Date to be assigned ☑ Declaration ☐ Declaration Submitted OR Submitted after Initial Group Art Unit Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing **Examiner Name** required)

As a below named inven	ntor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ULTRASONIC METHOD AND DEVICE FOR LYPOLYTIC THERAPY									
the specification of which is attached hereto OR	is attached nereto								
	was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
		,							
Additional foreign applica	ition numbers are listed on a	supplemental priority data	sheet PTO/SB/0	02B attached hereto					
I hereby claim the benefit u	under 35 U.S.C. 119(e) of any	y United States provisional a	application(s) lis	sted below					
Application Number(s) Filling Date	e (MM/DD/YYYY)	numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.					

[Page 1 of 2]
Burden Hour Statement. This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to paramability as distinct in 37 CFR 1.55 which became available between the filling date of the prior application and the national or PCT international filing date of this application.									nating the n the prior to disclose application			
	U.S. Parent Application or PCT Parent Number						Paren	rent Patent Number (if applicable)				
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As a named inv and Trademark	entor, I he Office co	xeby appoint the mected therewill	followi	ing registered pr Customer Num	ractitioner(s) to prosecut	e this applicati	on and to	rensac	Place Custo	mer	
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		. Dippert			,723			-				
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Additional	registered	practitioner(s) ra	smed o	ar supplemental	Registered	Practitioner	Information sh	eet PTO/S	5B/02C	allached here	lo.	
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G	Given Name (first and middle (if anyl)			Family Name or Surnama								
	Eilaz			Babaev								
Inventor's Signature		Tom	,_			. Date					3/6/02	
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